

CITY OF GREENSBORO

Rental Property Lead Grant Application

APPLICANT INFORMATION

APPLICANT'S NAME: _____ SS# _____

CO-APPLICANT'S FULL NAME: _____ SS# _____

*RACE: _____ DATE OF BIRTH: APPLIC. _____ CO-APPLICANT: _____

* For Statistical Purposes Only

NO. HOUSEHOLD _____ PRESENT RESIDENCE: _____

CITY: _____ STATE: _____ ZIP CODE: _____ HOW LONG: _____
(if lived at present address less than 2 years, please complete the following)

FORMER RESIDENCE: _____ HOW LONG: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE NO. () _____ DAYTIME NO. () _____

APPLICANT IS: () INDIVIDUAL
() PARTNERSHIP – FEDERAL I. D. NO.: _____
() CORPORATION – FEDERAL I. D. NO.: _____

RENTAL PROPERTY INFORMATION

RENTAL PROPERTY ADDRESS: _____

DATE PURCHASED: _____ YEAR BUILT: _____

NUMBER UNITS: ____ () ATTACHED () SEMI-ATTACHED () DETACHED

NUMBER OF BEDROOMS _____

MONTHLY RENT PER UNIT: PRESENT: \$ _____ AFTER REPAIRS: \$ _____

IF THE RENTAL UNIT(S) REQUIRE(S) OTHER MAJOR HEALTH OR SAFETY REPAIRS IN ORDER TO RECEIVE LEAD GRANT ASSISTANCE, HOW DOES APPLICANT INTEND TO PAY FOR THESE ADDITIONAL REPAIRS ?

(Check one that applies)

PRIVATE LOAN WITH PROPERTY AS COLLATERAL _____
PERSONAL LOAN, CURRENT FUNDS ON HAND _____
CITY RENTAL HOUSING IMPROVEMENT PROGRAM(RHIP) _____
OTHER, GIVE DETAILS: _____

WHO MANAGES/WILL MANAGE UNIT(S)? _____

DAYTIME NO. _____

Property Address _____

**Lead Information, Inspections, Clearance Testing, Disclosure,
Lead Remediation and Ongoing Lead Hazard Monitoring**

The Lead-Based Hazard Reduction Program requires that lead hazard evaluation and remediation activities be carried out on homes constructed prior to 1978 that contain lead-based paint hazards in order to participate in the program and to receive assistance.

I understand that the City of Greensboro will undertake lead-based paint testing on my home. If the test results reveal lead-based paint hazards, I understand that my scope of work will include the work necessary to make my home lead safe. Lead safe means that all lead-based paint hazards in my home have been stabilized and that my home passed a certified lead clearance test upon completion of work. For my home to remain lead safe, I understand that I must properly maintain the treated areas in the future and monitor the non-treated areas containing lead that were not identified as a present hazard. I will receive a copy of the results of the lead hazard reduction and clearance test within 15 days of their completion.

I have received a copy of the pamphlet "Protect Your Family From Lead in Your Home".

The interviewer has discussed the hazards of lead based paint with me and we have reviewed each item listed above.

The applicant(s)/owner(s) agrees that the City of Greensboro will do an inspection of the premises to determine the presence of lead-based paint hazards. Performing the inspection does not obligate the City of Greensboro to award a lead remediation grant.

The applicant(s)/owner(s) will be informed of the results of the inspection. I understand that the results of the lead-based paint inspection and clearance test will be registered with the Department of Health and Human Services - Health Hazards Control Unit and will be a permanent part of my home's legal records. The applicant(s)/owner(s) is(are) required to disclose the inspection results and/or clearance results in the home in the event of future sale or lease of the property.

The applicant(s)/owner(s) further agrees that the City of Greensboro will not be held liable for any damages that may occur as a result of said inspection and subsequent disclosures.

For applicant(s)/owner(s) protection, please list any known allergies or respiratory conditions of family members or others in the household. Please provide details: _____

Property Address _____

RENTAL REQUIREMENT AGREEMENT

By signing below you agree to the following: 1) If property is vacant and becomes occupied before lead work is completed, the City needs the new tenant's information. 2) If the property is vacant or becomes vacant up to 3 years after lead assistance is provided, according to Federal guidelines, you are **required** to rent the property to low-to-moderate income families (see table below) with priority availability to families with small children (under the age of six). You may be asked to provide additional tenant and/or unit information to the City periodically, even after the property has received assistance.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

Whoever knowingly and willfully falsifies or makes any false, fictitious, or fraudulent statement or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be prosecuted as provided by the laws of the State of North Carolina.

SITE CONTAMINATION

The rental property owner agrees that when lead work is performed on the property and the property is prepared for clearance, the rental property owner, representative of the rental property owner, and the tenant(s) of the property will not enter the property prior to clearance. Entering the property prior to clearance may contaminate the site. If any of the above mentioned enters the property prior to clearance testing and the property does not pass clearance, then the rental property owner is responsible for the cost of re-clearance.

The signature(s) below signify that all information contained in this application is true and complete and that Rental Requirement Agreement, Lead Information statement, and Site Contamination statement are understood and agreeable.

Signature: _____ Date: _____

Signature: _____ Date: _____